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## PATENT APPLICATION FEE DETERMINATION RECORD

Substitute for Form PTO-875

Application or Doctor Number  
101020525

## CLAIMS AS FILED – PART I

(Column 1) (Column 2)

FOR	NUMBER FILED	NUMBER EXTRA
BASIC FEE (37 CFR 1.16(a))		
TOTAL CLAIMS (37 CFR 1.16(c))	minus 20 =	*
INDEPENDENT CLAIMS (37 CFR 1.16(b))	minus 3 =	*
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))		

\* If the difference in column 1 is less than zero, enter "0" in column 2.

## CLAIMS AS AMENDED – PART II

7/17/05

(Column 1)

(Column 2) (Column 3)

AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	
				ADDI-	TIONAL
Total (37 CFR 1.16(c))	22	Minus ** 22	=		
Independent (37 CFR 1.16(b))	2	Minus *** 3	=		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					

## SMALL ENTITY

OR

OTHER THAN  
SMALL ENTITY

RATE	FEES
	\$ _____
X \$ _____ =	
X \$ _____ =	
+ \$ _____ =	
TOTAL	

RATE	FEES
	\$ _____
OR X \$ _____ =	
OR X \$ _____ =	
OR X \$ _____ =	
OR + \$ _____ =	
OR TOTAL	

## SMALL ENTITY

OR

OTHER THAN  
SMALL ENTITY

RATE	ADDI-	TIONAL	FEES
X \$ _____ =			
X \$ _____ =			
+ \$ _____ =			
TOTAL ADD'L FEE			

RATE	ADDI-	TIONAL	FEES
X \$ _____ =			
OR X \$ _____ =			
OR X \$ _____ =			
OR + \$ _____ =			
OR TOTAL ADD'L FEE			

(Column 1)

(Column 2) (Column 3)

AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	
				ADDI-	TIONAL
Total (37 CFR 1.16(c))	*	Minus **	=		
Independent (37 CFR 1.16(b))	*	Minus ***	=		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					

RATE	ADDI-	TIONAL	FEES
X \$ _____ =			
X \$ _____ =			
+ \$ _____ =			
TOTAL ADD'L FEE			

RATE	ADDI-	TIONAL	FEES
X \$ _____ =			
OR X \$ _____ =			
OR X \$ _____ =			
OR + \$ _____ =			
OR TOTAL ADD'L FEE			

(Column 1)

(Column 2) (Column 3)

AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	
				ADDI-	TIONAL
Total (37 CFR 1.16(c))	*	Minus **	=		
Independent (37 CFR 1.16(b))	*	Minus ***	=		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					

RATE	ADDI-	TIONAL	FEES
X \$ _____ =			
X \$ _____ =			
+ \$ _____ =			
TOTAL ADD'L FEE			

RATE	ADDI-	TIONAL	FEES
X \$ _____ =			
OR X \$ _____ =			
OR X \$ _____ =			
OR + \$ _____ =			
OR TOTAL ADD'L FEE			

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.14. You are not required to respond to this collection unless it displays a valid OMB control number. This collection is estimated to take 12 minutes to complete. If you have comments concerning the burden or any aspect of this collection of information, you may submit them via the Internet at [www.uspto.gov/patent/comments.html](http://www.uspto.gov/patent/comments.html). You may also obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to respond to this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.